## MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AS FILED AFTER I AMENDMENT 2 MAMERIMENT AFTER AS FILED AFTER IND. DEP. I AMERDMENT IND. DEP. IND. DEP. 1 AMENDMENT IND. DEP. IND. DEP. IND. DEP. 7 35· <u> 39</u> TOTAL IND T TOTALEXT \$ P TOTAL DEF **◆**≖ FOTALBER **⟨**¤ TOTAL TOTAL CLASES

U.S. DEPARTMENT of COMMERCE